Revision: HCFA-PM-87-4

**MARCH 1987** 

(BERC)

OFFICIAL

STATE	DIAN	IINDED	ጥተጥ፣ ዩ	YIY	OF	THE	SOCTAL	SECURITY	ACT
SIMID	LIVIN	MADMO	TITE	VIV	Or	TUP	POCINE	PPCOLITI	VOI

	St	**************************************	ermont		
		COORDINATION OF 1	TITLE XIX WITH PAR	T B OF TITLE XVIII	
				re range of benefits under eligible individuals indicat	ted
$\sqrt{X}$ A. Bu	y-in	agreements with	the Secretary of H	HS. This agreement covers:	
1.			, who are categori	itle XVI or State cally needy under the State	's
			ng benefits under irement System ar	title II of the Act or under re included:	r
		<u>/</u> / Yes		<u>/</u> / No	
2.	<u>/X /</u>	supplementation,	who are categori	itle XVI, State ent under the State's approve cally needy under the State	
			ng benefits under irement System ar	title II of the Act or under re included:	r
		$\underline{/X}$ / Yes		/_/ No	
3.	<u>/_</u> /	All individuals plan.	eligible under th	e State's approved title XII	X
				into with the Social Secur the following groups:	ity
		of deductible ar		ets. Such payments are made cally and Medically Needy	in
groups - does not does #1 f	not h check or mo	now XIX pays #3 for same grounney payment recei	if State has buy- p-only if it does pts and #3 for no	benefits under XVIII to what in (which covers premium), #3 for another group, e.g. on-\$-receipts. How it handle eceipts is a matter for	it

TN No. 87-9 Supersedes
TN No. 74-40

reimbursement attachment.

Approval Date <u>07-29-87</u>

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